Policy

The Medical Management Department reviews referral requests for authorization of Hip Resurfacing Arthroplasty procedures.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order to facilitate the authorization process referral requests must include ALL the following (1 – 5):

1. Diagnosis to include severity of symptoms and length of treatment for this diagnosis;
2. Record of pharmaceutical, physical medicine and conservative treatment measures;
3. Radiograph reports supporting diagnosis;
4. Documentation that patient was informed about risk of exposure to metal ions.
5. Documentation that the patient is likely to live longer than the functional lifespan of a traditional prosthesis used for total hip replacement.

B. Criteria for Medical Necessity:

Hip Resurfacing Arthroplasty (HRA) is considered to be medically necessary when ALL of the following are met:

1. Degenerative arthritis of the hip is documented by radiograph; AND
2. The patient lacks the ability to safely and efficiently complete activities of daily living (ADLs) due to pain; AND
3. Conservative treatment has been ineffective following completion of a >3-month trial of conservative treatment including ALL of the following:
   a. Analgesics;
   b. Nonsteroidal anti-inflammatory drugs unless medically contraindicated;
   c. Physical therapy;
   d. Use of walking aids, and/or reduction in physical activities; AND
4. The patient is younger than 65 years old, physically active with a BMI ≤ 40, and is likely to live longer than the functional lifespan of a traditional prosthesis; AND
5. The procedure is an alternative to having a Total Hip Replacement surgery; AND

6. Use of an FDA approved/cleared HRA system; AND

7. The patient has been informed that the procedure has the potential to expose them to metal ions, and that the adverse effects and long-term implications of elevated metal ion exposure in patients who receive these implants are not known at this time. This must be documented.

C. Indications Considered Experimental, Investigational or not Medically Necessary: (not an all-inclusive list).

1. For ANY of the following contraindications:
   a. Inadequate bone quality of the femoral head or neck;
   b. Skeletal immaturity;
   c. Renal failure with risk for metal ion exposure;
   d. Metal allergy with risk for metal ion exposure;
   e. Women of childbearing age due to risk of metal ion exposure which crosses the placental barrier;
   f. BMI > 40;
   g. Metal allergy for metals used in resurfacing, e.g., cobalt, aluminum, chromium.

2. For ANY joints other than hip.

CPT Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>27299</td>
<td>Unlisted procedure, pelvis or hip joint</td>
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<tr>
<td>S2118</td>
<td>Metal-on-metal total hip resurfacing, including acetabular and femoral components</td>
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References


